

Subp. 8. **Money.** Regulations shall permit normal possession and use of money by residents.

Residents shall be trained in the use of money.

Allowance or opportunities to earn money shall be available to reside.

Subp. 9. **Behavior problems.** There shall be provisions for prompt recognition of behavior problems, as well as appropriate management of behavior in the living unit. These provisions shall be subject to review by a research, review, and/or human rights committee (see part 9525.0370, subpart 5).

There shall be a written statement of policies and procedures for the control and discipline of residents that:

A. is directed to the goal of maximizing the growth and development of the residents;

B. is available in each living unit;

C. is available to parents; and

D. provides for resident participation, as appropriate, in the formulation of such policies and procedures.

Corporal punishment shall not be permitted.

Residents shall not discipline other residents, except as part of an organized self-government program that is conducted in accordance with written policy.

Subp. 10. **Physical restraints.** Restraint shall be employed only when absolutely necessary to protect the resident from injury to himself or to others; and restraint and seclusion shall not be employed as punishment, for the convenience of staff, or as a substitute for program.

The facility shall have a written policy that defines the uses of restraint, the staff members who may authorize its use, and a mechanism for monitoring and controlling its use. This policy shall be available in each living unit.

Totally enclosed cribs and barred enclosures shall be considered restraints.

Subp. 11. **Record of restraint usage.** Each use of restraint and seclusion shall be recorded in the resident's record. This record shall include description of the precipitating behavior; expected behavioral outcome; and actual behavioral outcome.

Subp. 12. **Seclusion rooms.** Rooms used for seclusion shall be furnished with a bed and bedding, a chair, a commode, and a lavatory; and shall afford proper access to drinking water.

Subp. 13. **Chemical restraint.** Chemical restraint shall not be used excessively, as punishment, for the convenience of staff, as a substitute for program, or in quantities that interfere with a resident's program. Each use of a behavior-controlling drug shall be recorded in the resident's record. This record shall include:

A. a description of the behavior to be modified;

B. expected behavioral outcome;

C. possible side or secondary effects;

D. date for review or termination; and

E. actual behavioral outcome.

Subp. 14. **Behavior modification.** Behavior modification programs involving the use of time-out devices or the use of noxious or aversive stimuli shall be conducted only with the consent of the affected resident's parent and shall be described in written plans that are kept on file in the facility.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0290 HEALTH, HYGIENE, AND GROOMING.

Subpart 1. **In general.** Procedures shall be established for:

A. monthly weighing of residents, with greater frequency for those with special needs;

B. quarterly measurement of height, until the age of maximum growth; and

C. maintenance of weight and height records. Every effort shall be made to ensure that residents maintain normal weights.

Provisions shall be made to furnish and maintain in good repair, and to train residents in the use of, dentures, eyeglasses, hearing aids, braces, etc., prescribed by appropriate specialists.

Subp. 2. **Independent grooming.** Residents shall be trained to exercise maximum independence in health, hygiene, and grooming practices, including bathing, brushing teeth, shampooing, combing and brushing hair, shaving, and caring for toenails and fingernails.

Each resident shall be assisted in learning normal grooming practices with individual toilet articles that are appropriately available to that resident.

Living unit staff shall be instructed in each resident's daily oral care program and shall be responsible to see that it is carried out. Whenever possible, the resident shall be instructed in, and learn to carry out, his own program of daily oral care. Dental care practices should include the use of newer equipment, such as electric toothbrushes and oral water irrigators or lavages as prescribed. Individual brushes shall be properly marked, used, and stored. Teeth shall be brushed daily with dentifrice.

Hair cutting and styling, in an individualized manner consistent with current style, shall be accessible to all residents.

For residents who require such assistance, cutting of toenails and fingernails by trained personnel shall be scheduled at regular intervals.

Each resident shall have a shower or tub bath as needed. Residents' bathing shall be conducted at the most independent level possible. Residents' bathing shall be conducted with due regard for privacy. Individual washcloths and towels shall be used.

Female residents shall be helped to attain maximum independence in caring for menstrual needs. Menstrual supplies shall be of the same quality and diversity available to all women.

Subp. 3. **Drinking units.** Residents shall be instructed in the use of drinking units. Those residents who cannot use the unit shall be given the proper daily amount of fluid at appropriate intervals adequate to prevent dehydration. A drinking unit shall be available to, and usable by, mobile nonambulatory residents, as needed. Special cups and noncollapsible straws shall be available when needed by the multiple-handicapped. If the drinking unit employs cups, only single-use, disposable types shall be used.

Subp. 4. **Toilet training.** Every resident who does not eliminate appropriately and independently shall be engaged in a toilet training program. Residents who are incontinent shall be immediately bathed or cleansed, upon voiding or soiling unless specifically contraindicated by a plan for toilet training; and all soiled clothing shall be changed.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0300 CLOTHING.

Subpart 1. **Supply.** Each resident shall have an adequate allowance of neat, clean, fashionable, and seasonable clothing. Each resident shall have his own clothing that is, when necessary, inconspicuously marked with his name, and he shall use this clothing. Such clothing shall make it possible for residents to go out of doors in inclement weather and to make a normal appearance in the

OFFICIAL

ICFA-179 # 86-24 Date Rec'd 6/24/86
 Supersedes _____ Date Appr. 7/14/86
 State Rep. In _____ Date Eff. 4/1/86

9525.0300 STANDARDS FOR PROGRAMS FOR MENTALLY

community. Nonambulatory residents shall be dressed daily in their clothing, including shoes, unless contraindicated by program plan. Washable clothing shall be designed for multiple-handicapped residents being trained in self-help skills. Clothing for incontinent residents shall be designed to foster comfortable sitting, crawling and/or walking, and toilet training.

Subp. 2. **Selection and care.** Residents shall be trained and encouraged to:

A. select and purchase their own clothing as independently as possible, preferably utilizing community stores;

B. select their daily clothing;

C. dress themselves;

D. change their clothes to suit the activities in which they engage; and

E. maintain (launder, clean, and mend) their clothing as independently as possible.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0310 FOOD SERVICE.

Subpart 1. **In general.** Food services shall recognize and provide for the physiological, emotional, cultural, and developmental needs of each resident. There shall be a written statement of goals, policies, and procedures that governs food service. The diet provided shall include foods that stimulate chewing, unless contraindicated by program plan.

Subp. 2. **Participation in food preparation.** Residents shall have opportunity to be trained and participate in food preparation and service.

Subp. 3. **Place of meals.** All residents, including the mobile nonambulatory, shall eat or be fed in dining rooms, except when contraindicated by program plan.

All residents, including the mobile nonambulatory, shall eat at a table.

Dining arrangements shall be based upon a plan to meet the needs of residents and the requirements of their programs. Dining and serving arrangements shall provide for a variety of eating experiences (e.g., cafeteria and family style), and, when appropriate, for the opportunity to make food selections with guidance. Unless justified on the basis of meeting the program needs of the particular residents being served, dining tables shall seat small groups of residents (typically four to six at a table) and include both sexes.

Dining rooms shall be supervised and staffed for the direction of self-help eating procedures and to ensure that each resident receives an adequate amount and variety of food.

Staff members shall be encouraged to eat with those residents who have semi-independent or independent eating skills.

For residents not able to get to dining areas, food service practices shall permit and encourage maximum self-help and shall promote social interaction and a pleasant mealtime experience.

Subp. 4. **Training for residents.** Residents shall be provided with systematic training to develop eating skills, utilizing adaptive equipment when it serves the developmental process.

A plan for the remediation of eating problems shall be implemented for all residents with special disabilities. This plan shall be consistent with the individual's developmental needs.

Living-unit staff shall be trained in and shall utilize proper feeding techniques when a resident must be fed. Residents shall be fed in an upright position. Residents shall be fed in a manner consistent with their developmental needs (for example, infants shall be fed in arms). Residents shall be fed at normal consumption rates, and the time allowed for eating shall be such as to

promote the development of self-feeding abilities, to encourage socialization, and to provide a pleasant mealtime experience.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0320 DEVELOPMENTAL AND REMEDIAL SERVICES.

In addition to resident-living services detailed in parts 9525.0260 to 9525.0310, residents shall be provided with developmental and remedial services called for by individual assessment and program plan. These services may be provided in two ways:

A. within the facility and by staff employed by the residential program, except that developmental services, as here defined, shall not be provided in the living unit unless contraindicated by the assessed needs of the particular residents being served; and

B. outside of the facility and by agreement between the facility and other agencies or persons.

All developmental and remedial services, as defined in parts 9525.0330 to 9525.0350, shall be rendered outside of the facility, whenever possible, and when rendered in the facility, such services must be at least comparable to those provided in the community.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0330 ASSESSMENT OF RESIDENT.

Subpart 1. **Annual assessment requirement.** Residential program staff shall participate in regular, at least annual, assessment of each resident. The assessment shall cover behavioral and physical status of the resident and shall be conducted by an interdisciplinary team.

Subp. 2. **Behavioral assessments.** Behavioral assessment:

- A. shall utilize objective description to the greatest degree possible;
- B. shall include the resident, when he is capable of participation, and data supplied by his parents, when appropriate, and by living unit staff; and
- C. shall include, but not be limited to, the following areas:

(1) **Educational assessment.** All school-age children shall be assessed annually in accordance with guidelines of a properly designated school authority, in order to determine eligibility for public school class. School-age is defined as four years to 21 years for mentally retarded children and shall not extend beyond secondary school.

- (2) Self-care skills.
- (3) Economic skills.
- (4) Language development.
- (5) Number and time concepts.
- (6) Domestic occupation.
- (7) Vocational skills.

(8) **Maladaptive behavior and emotional disturbances.** A residential program shall be in substantial compliance with these provisions when the American Association of Mental Deficiency Adaptive Behavior Scale, or the Minnesota Developmental Programming System (MDPS), is used for behavioral assessment.

Subp. 3. **Physical assessment.** Physical assessment for children shall be performed as recommended by the council on pediatrics.

Physical assessment for adults shall be performed at least annually and shall include, but not necessarily be limited to physical examination, blood count, and urinalysis.

Subp. 4. **Drug assessment.** A resident who receives daily medications for a chronic condition shall have a planned and recorded schedule for examination and review of his medication regimen. Use of prescribed medications shall not

OFFICIAL

86-24 Date Recd. 6/4/81
 Supersedes ? Date Appr. 7/14/81
 Date Exp. In. Date Eff. 4/1/81

be continued past the scheduled time for examination. Persistent deviancy in use of a drug by a resident, or adverse reaction to a drug, shall be considered in adjustment of the resident's program plan.

Subp. 5. **Motor assessment.** Physical and motor assessment shall be performed at least annually for persons under 16 years of age, and as needed thereafter.

Subp. 6. **Speech and language assessment.** Speech and language assessment shall be performed annually for persons under 16 years of age, and as needed thereafter.

Subp. 7. **Vision assessment.** Vision assessment shall be performed annually.

Subp. 8. **Hearing assessment.** Hearing assessment shall be performed annually for persons under ten years of age, and thereafter when a hearing change is suspected.

Subp. 9. **Dietary assessment.** Dietary assessment shall be performed at least every 90 days for residents receiving a therapeutic diet.

Subp. 10. **Psychological assessment.** Psychological assessment shall be performed at least every three years for persons under 16 years of age, and as needed thereafter. Current psychological assessment data (less than one year old) available from the referring agency may be utilized to comply with this requirement.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0340 PROGRAM AND TREATMENT PLAN.

Subpart 1. **Formulation of individual plans.** Residential program staff shall participate with an interdisciplinary team including daytime developmental staff, in the formulation of an individualized program and treatment plan for each resident. Facility staff shall be responsible for implementation of the plan.

General provisions: The formulation of individualized program and treatment plans shall:

A. define specific and time-limited objectives for behavioral and physical development;

B. consider the proper exercise of the residents' and parents' civil and legal rights, including the right to adequate service;

C. define needed services without consideration of the actual availability of desirable options;

D. investigate and weigh all available and applicable services;

E. determine the resident's need for remaining in the facility; and

F. consider the need for (continued) guardianship or conservatorship or restoration to capacity of the resident.

Subp. 2. **Developmental services.** All developmental services utilized by residents shall be provided by persons, facilities, or services licensed or certified to provide these services.

Developmental services shall be utilized to promote the intellectual, physical, affective, and social development of each individual, and may include:

A. developmental achievement services;

B. recreational services;

C. religious services;

D. sheltered-workshop services;

E. social-work services;

F. vocational-training and placement services; and

G. educational services.

All school-age children shall attend public school class unless specifically excluded by the responsible school district. A school program operated by the

facility shall meet the standards of the State Department of Education and the local school district.

Subp. 3. **Health services.** Health services shall be utilized to maintain an optimal general level of health for each resident, and to maximize function, prevent disability, and promote optimal development of each resident.

Residents who are members of an organized religious group opposed to any health practices may be excused from regulations applying to personal health upon written request by the resident or his parents; but they shall be subject to requirements for control of outbreaks of infectious disease.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0350 EVALUATION OF SERVICES.

Residential program staff shall participate with an interdisciplinary team in the evaluation of all services utilized by residents as reflected by each resident's level of functioning. This evaluation shall include evaluation of resident movement toward objectives stated in the program plan. The evaluation shall include the views of the resident and his parents. The evaluation shall include the views of the program advisory committee (see part 9525.0370, subparts 2 to 5) and appropriate agencies.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0360 ADMISSION AND RELEASE PROCEDURES.

Subpart 1. **In general.** Admission and release procedures include the following:

A. No resident shall be admitted to a residential program prior to its being licensed.

B. The number of residents admitted to the program shall not exceed its licensed program capacity.

C. The residential program shall make descriptive information available to the public that includes, but is not limited to:

(1) preadmission and admission services and procedures;

(2) limitations of age, length or place of residence, and type or degree of handicap;

(3) developmental and remedial services provided by program staff;

(4) developmental and remedial services provided by agreement with other agencies or persons;

(5) means for individual programming for residents in accordance with need;

(6) the plan for grouping residents into living units; and

(7) release and follow-up services and procedures.

D. The residential program shall have an admission and release committee (see part 9525.0370, subpart 5) that shall:

(1) include consumers and their representatives, interested citizens, and relevantly qualified professions; and

(2) review all applications and advise the administration of the residential program on selection, admission, and release of residents.

E. The laws, regulations, and procedures on admission, readmission, and release shall be summarized and available for distribution.

F. Admission and release procedures shall:

(1) encourage voluntary admission upon application of the resident or his parent;

(2) give equal priority to persons of comparable need, whether application is voluntary or by a court;

(3) facilitate emergency, partial, and short-term care when feasible;

OFFICIAL

86-24
2
Supersedes _____ Date Appr. 6-24-86
State Rep. In. _____ Date Eff. 7-14-86
4-1-86

- (4) ensure the rights and integrity of the resident and his parent;
- (5) ensure the resident the maximum opportunity to participate in admission and release decisions;
- (6) ensure the resident is informed of the right to suspension, reduction, termination, or denial of services to the community or public welfare pursuant to Minnesota Statutes, section 256.045 as a social service appeal; and
- (7) if respite care services are provided, there shall be a written policy defining respite care which includes:
 - (a) minimum and maximum time limit;
 - (b) conditions and procedures for admission (emergency vacations; etc.);
 - (c) charges for respite care;
 - (d) description of services provided;
 - (e) type of services to be provided; and
 - (f) age and developmental level.

Respite care admissions must approximate the standard admission criteria.

G. Upon determination of the possible inadmissibility of a resident, the residential program shall consult with the referring agency and with his parents.

Subp. 2. **Selection and eligibility.** The residential program shall provide information on eligibility requirements and application materials upon all requests.

Residents and their parents shall be free to apply directly to the program for service. However, placement for service shall be made by the responsible local social service agency.

Residential programs shall admit residents without regard to race, creed, or national origin, and accord equal treatment to all persons.

When admission is not an optimal measure, but must, nevertheless, be implemented, its inappropriateness shall be clearly acknowledged; and plans shall be initiated for the continued and active exploration of alternatives.

The determination of legal incompetence shall be separate from determination of the need for services, and admission to the program shall not automatically imply legal incompetence.

Subp. 3. **Admission.** For each resident admitted, there shall be a written program plan stating the services he needs or a written statement of the procedure and timetable for development of the program line.

Prior to admission, the resident and his parent shall be counseled on the relative advantages and disadvantages of admission to the program.

Prior to admission, the resident and his parent shall be encouraged to visit the program and the living unit in which the resident is likely to be placed.

Prior to admission of a school-age child, residential program staff shall notify the local school district.

Upon admission, each resident shall be placed in his living unit, and he shall be isolated only upon medical orders issued for specific medical reasons.

Subp. 4. **Release.** Planning for release, the residential program staff shall involve the referring agency, the resident, and his parent.

At the time of release, a summary of findings, progress, and plans shall be recorded and transmitted with the resident.

Procedures shall be established so that:

A. a parent who requests the release of a resident is counseled about the advantages and disadvantages of such release;

B. the court or other appropriate authorities are notified when a resident's release might endanger either the individual or society.

At the time of release, physical examination for signs of injury or disease shall be made in accordance with procedures established by the residential program.

Except in an emergency, release shall be made only with the prior knowledge, and ordinarily the consent, of the referring agency, the resident, and his parents.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0370 ADMINISTRATIVE POLICIES AND PRACTICES.

Subpart 1. **Written statement of philosophy.** The residential program shall have a written statement clearly defining its philosophy, purpose, and function. This statement shall be consistent with the current status of knowledge and information available on residential services. This statement shall be consistent with the principle of normalization.

Subp. 2. **Written statement of organization.** The residential program shall have a written statement defining its administrative and organizational structure.

Subp. 3. **Governing body and executive program officer.** The governing body shall exercise general direction and establish policies on the operation of the program and the welfare of the residents.

The governing body shall appoint an executive officer of the program. The qualification of the executive officer shall be determined by the governing body and be consistent with the training and education needed to meet the stated goals of the program. The governing body shall delegate to the executive officer the authority and responsibility for management of the affairs of the program.

Subp. 4. **Sound management principles.** The residential program shall be administered and operated in accordance with sound management principles. The type of administrative organization of the program shall be appropriate to the program needs of the resident. The program shall have a table of organization that shows the governing and administrative responsibilities of the program.

Subp. 5. **Consumer representation and advisory body.** The residential program shall provide for meaningful and extensive consumer representation and public participation in its operation. If consumer representatives, interested citizens, and relevantly qualified professionals are not represented on the governing body, an advisory body composed of such representation shall be appointed by the governing body.

The advisory body shall sit ad hoc to the governing body and to the chief executive officer and provide consultation and assistance as appropriate. The advisory body may function as the program research review and human rights committee. The advisory body may function as the admission and release committee. See part 9525.0360, subpart 1, item D.

Statutory Authority: MS s 245.802; 252.28 subd 2

9525.0380 PERSONNEL POLICIES.

There shall be written personnel policies, which shall be made available to each staff member.

The hiring, assignment, and promotion of employees shall be based on their qualifications and abilities, without regard to sex, race, creed, age, disability, marital status, and ethnic or national origin.

Personnel policies shall include but not be limited to:

A. qualifications, job description, salary schedule, and benefits for all positions;

B. a policy prohibiting mistreatment, neglect, or abuse of residents, and mandating the report of any mistreatment, neglect, or abuse to the executive officer; and

OFFICIAL

86-24

6/24/86
7/14/86
9/11/86

9525.0380 STANDARDS FOR PROGRAMS FOR MENTALLY

C. procedure for suspension and/or dismissal of an employee for cause.

There shall be a staff person responsible for implementation of policies.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0390 STAFF ASSIGNMENTS.

Subpart 1. **Goal.** There shall be sufficient, appropriately qualified, and adequately trained personnel to provide program service in accordance with program's statement of services provided (see parts 9525.0320 to 9525.0350) and with the standards specified in this document. There shall be staff on duty or call at night to ensure adequate care and supervision. There shall be staff on duty or call to assist all residents in an emergency.

There shall be staff on duty or call so that provision of residential service is not dependent upon the use of unpaid residents or volunteers. Residents shall not replace staff or be used in lieu of staff in any area of work unless they are reimbursed commensurate with ability and production. Residents shall not be involved in the care (feeding, clothing, and bathing), training, or supervision of other residents unless they are adequately supervised, have the requisite humane judgment, and have been specifically trained in necessary skills.

All staff shall be administratively responsible to a person whose training and experience is appropriate to the program.

The title applied to all staff shall be appropriate to the kind of residents with whom they work and the kind of interaction in which they engage.

Subp. 2. **Volunteers.** The use of volunteers shall be encouraged to strengthen services in a manner consistent with the purposes of the program.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0400 STAFF TRAINING.

There shall be a staff-training program that is appropriate to the size and nature of the program and that includes, but is not limited to:

A. orientation for all new employees, to acquaint them with the philosophy, organization, program, practices, and goals of the residential program;

B. induction training for each new employee, in order that his skills in working with the residents are increased; and

C. continuing in-service training to update and improve the skills and competencies.

There shall be a record of all staff training on file.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0410 STAFFING NEEDS.

The determination of staff needs shall include consideration of staff members' experience and training, as well as the overall ratio of staff to residents.

The number of available direct care resident living staff shall be related to each resident's degree of handicap and his training needs.

Staff to resident ratios during peak programming hours (evening and weekends) shall be optimized by appropriate scheduling around residents' day programs.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0420 FINANCES AND BUDGET.

The residential program shall have a written statement outlining a plan of financing that gives assurance of sufficient funds to enable it to carry out its defined purposes.

Budget management shall be in accordance with sound accounting principles.

A residential program charging for services shall have a written schedule of rates and charge policies, which shall be available to the resident, his parent, referring agencies, and the public.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

9525.0430 RESIDENT RECORDS.

An individual record shall be maintained in the facility for each resident.

All information contained in the resident's records shall be handled in a manner consistent with the Government Data Practices Act. The resident shall have access to his record upon request. All entries in the resident's record shall be legible, dated, and authenticated by the signature and identification of the individual making the entry.

All records shall contain basic demographic information, to be entered at the time of admission, including reason for referral and individual program plan. Recorded information shall be in sufficient detail and adequate to:

- A. plan and evaluate the resident's program;
- B. provide a means of communication among all persons contributing to the resident's program;
- C. furnish documentary evidence of the resident's progress or regression and of his general response to his program;
- D. serve as a basis for study, evaluation, and development of services provided by the residential program;
- E. protect the legal rights of the resident, his parent, the residential program, and staff; and
- F. serve as a basis for evaluation of all services utilized by residents.

When it is necessary for residential program staff to supervise the use of personal funds, a record of these funds shall be maintained as a part of the resident's record.

Statutory Authority: *MS s 245.802; 252.28 subd 2*

SEMI-INDEPENDENT LIVING SERVICE (SILS)**9525.0500 DEFINITIONS.**

Subpart 1. **Applicant.** "Applicant" means any adult referred to the SILS provider for services. The term may also refer to an applicant for licensure under parts 9525.0500 to 9525.0660.

Subp. 2. **Client.** "Client" means an adult who needs more than food and lodging, but less than 24-hour per day program of service and supervision, receiving services as provided in this rule.

Subp. 3. **Commissioner.** "Commissioner" means the commissioner of public welfare or designee.

Subp. 4. **County board.** "County board" means that body of duly elected officials responsible for the governance of its county under the authority of Minnesota Statutes, sections 375.02 to 375.55. When a human service board has been established under Minnesota Statutes, sections 402.82 to 402.10, it shall be considered to be the county board, for purposes of this rule.

Subp. 5. **Individual program plan (IPP).** "Individual program plan (IPP)" means a detailed plan for each client which sets forth both short-term and long-term goals with detailed methods of achieving movement toward the individual service plan of the local social service agency.

MA 179 # 86-24 Date Rec'd 6/24/86
7/14/86
4/1/86
 Date Rep. to Date Eff.